

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.				
1							61			
2							62			
3							63			
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TOTAL NO.	2						TOTAL NO.			
TOTAL DEF.	4						TOTAL DEF.			
TOTAL							TOTAL			